

TREATMENT HISTORY

Diagnosis: _____ Onset _____

Name: _____

_____ Onset _____

D.O.B.: _____

Allergies: _____

Chart #: _____

Precautions: _____

Reactions: _____ RF: _____ Hep B ___ Hep C ___ TB skin test: _____

Treatment	Date Admitted/Started	Date Discharged/Disc	Notes
Gold			
Methotrexate			
Plaquenil			
Sulfasalazine			
Cyclosporine			
Leflunomide (Arava)			
Etanercept (Enbrel)			
Infliximab (Remicade)			
Adalimumab (Humira)			
Rituximab (Rituxan)			
Abatacept (Orencia)			
Outpatient Day Program			
P.T.			
O.T.			
Social Work			
Education Classes/Arthritis Self Management Program			
X-rays			
Bone Density Test			